

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		71530	1/4
O.I.P.E. CLASSIFIER	J	21	1/11/00
FORMALITY REVIEW		71531	1/28.00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	12/12/99
2	✓ 12/12/99
3	✓ 12/10/00
4	N N
5	✓ ✓ o
6	✓ ✓ o
7	✓ o
8	N N
9	✓ v. c
10	✓ ✓ ✓
11	✓ ✓ ✓
12	✓ ✓ ✓
13	N N
14	N N
15	N N
16	N N
17	N N
18	✓ ✓ ✓
19	✓ ✓ ✓
20	N N
21	N N
22	N N
23	✓ ✓ ✓
24	✓ ✓ ✓
25	N N
26	N N
27	N N
28	N N
29	N ✓
30	N N
31	N N
32	N N
33	N N
34	N N
35	N N
36	W W
37	W W
38	N N
39	N N
40	N N
41	N
42	N
43	N
44	N
45	N
46	N
47	N
48	N
49	N N
50	N N

Claim	Date
Final	Original
51	✓ N
52	✓ N
53	✓ N
54	N N
55	N N
56	✓ N
57	N N
58	N N
59	✓ N N
60	
61	

Claim	Date
Final	Original
101	
102	
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 ✓ 2 ✓ ✓ ✓ 10 12 13 18 ✓ 25 ✓  
 ✓ 3 ✓ ✓ ✓ 11 ✓ 14 ✓  
 ✓ 5 ✓ ✓ ✓ 10 13 ✓ 28 ✓  
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 ✓ 50 ✓ ✓ ✓ 10 13 ✓ 28 ✓

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If more than 150 claims or 10 actions  
staple additional sheet here

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